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ABSTRACT

This publication examines the requirement under the Individuals with Disabilities Education Act (IDEA) that mandates that all children with disabilities have available to them special education and related services designed to meet their unique needs and prepare them for employment and independent living. It investigates what is meant by "related services" and why they are an important part of educating children with disabilities. It begins by looking at the related services listed in the Federal regulations, eligibility, the evaluation process for assessing related services need, and the school's obligation to provide related services free of charge. Part 2 presents information about different types of related services, including artistic/cultural programs, assistive technology devices and services, audiology, counseling services, medical services, occupational therapy, orientation and mobility services, parent counseling and training, physical therapy, psychological services, recreation services, rehabilitation counseling services, school health services, social work services, speech-language pathology services, and transportation. Part 3 discusses how school districts provide children with disabilities with related services, how service are coordinated, and how services are funded. The last part reviews related services eligibility under Section 504 of the Rehabilitation Act of 1973. A list of relevant articles, books, and organizations is provided. (Contains 23 references.) (CR)

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RELATED SERVICES

BEVERLY MATTSON

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NEWS DIGEST

A publication of the National Information Center for Children and Youth with Disabilities

Related Services

The Individuals with Disabilities Education Act Amendments of 1997 (IDEA '97) mandates that "...all children with disabilities have available to them a free appropriate public education [FAPE] that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living" [Section 601(d)(1)(A)]. In accordance with the IDEA '97 and other federal laws, more than 6.1 million children with disabilities (ages 3 through 21) across the nation received special education and related services in the 1998-99 school year (U.S. Department of Education, 2000).

What, precisely, *are* related services, and why are they an important part of educating children with disabilities? Who is eligible for related services, and how are related services delivered? This publication briefly examines the answers to these and other questions by looking at:

- the related services listed in the Federal regulations;
- how students become eligible for related services;
- how related services are typically obtained for students;
- additional related services not listed specifically in the Federal regulations (i.e., artistic/cultural programs) but that can assist a student in benefiting from special education;
- how related services are typically delivered, coordinated, and funded; and
- related services under Section 504 of the Rehabilitation Act of 1973.

A list of organizations that typically can provide more information about the various related services concludes this publication.

Table of Contents

Part I: An Overview of Related Services Under IDEA 2

Part II: A Closer Look at Specific Related Services 5

Part III: Delivering Related Services 12

Part IV: Section 504 of the Rehabilitation Act 16

References 17

Resources 18

Part I: An Overview of Related Services under IDEA

Several important federal laws address the educational needs of children and youth with disabilities. One such law, passed in 1975, is the Education of All Handicapped Children Act, otherwise known as EHA or Public Law (P.L.) 94-142. This law mandated that special education and related services be made available to all eligible school-aged children and youth with disabilities. Since the time of EHA's enactment, Federal funds have been provided to help State and local educational agencies provide special education and related services to children with disabilities.

In 1990, as part of its reauthorization by Congress, the EHA was renamed the Individuals with Disabilities Education Act, or IDEA (P.L. 101-476). The law was again amended in June 1997 as P.L. 105-17. The 1997 law is called the Individuals with Disabilities Education Act—referred to hereafter as IDEA '97.

What are related services?

In general, the final regulations for IDEA '97 define the term *related services* as "transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education..." [§300.24(a)]. The following are included within the definition of related services:

- speech-language pathology and audiology services;
- psychological services;
- physical and occupational therapy;
- recreation, including therapeutic recreation;
- early identification and assessment of disabilities in children;
- counseling services, including rehabilitation counseling;
- orientation and mobility services;
- medical services for diagnostic or evaluation purposes;
- school health services;
- social work services in schools;
- parent counseling and training; and
- transportation. [§300.24(a)].

With the exception of "early identification and assessment of disabilities in children," each of these services will be discussed in this *News Digest*. It is important to know that the definition of related services contained within IDEA '97's regulations goes on to define these individual terms more specifically. This information will be provided in Part II of this *News Digest*.

Who is eligible for related services?

Under IDEA '97, a student must need special education to be considered eligible for related services (unless the related service needed by the child is considered special education rather than a related service under State standards) [§300.7(a)(2)(ii)]. A child must have a full and individual evaluation to determine:

- if he or she has a disability as defined under IDEA '97, and
- if, because of that disability, he or she needs special education and related services.

While looking in detail at evaluation is beyond the scope of this *News Digest*, the National Information Center for Children and Youth with Disabilities (NICHCY) offers several publications that discuss what is involved when a child is evaluated. We refer you to *Your Child's Evaluation* (BP1), *Questions Often Asked by Parents About Special Education Services* (LG1), and *Questions and Answers about IDEA* (ND21). All of these publications are available on our Web site (www.nichcy.org) in English and in Spanish or by contacting NICHCY directly.

For the purposes of this publication on related services, however, it is useful to know that the law requires that a child be assessed in all areas related to his or her suspected disability. This includes, if appropriate, evaluating the child's:

- health,
- vision,
- hearing,
- social and emotional status,
- general intelligence,
- academic performance,
- communicative status, and
- motor abilities.

[§300.532(g)]

§ Special Symbols in This Issue §

As you read the descriptions of the related services below, you will find references to specific sections of the Federal regulations—such as §300.24—implementing the IDEA '97. You can use these references to locate the precise sections in the Federal regulations that address the issue being discussed. For example, following the list of related services, you are given the reference §300.24(a). This reference tells you that, if you wanted to read the exact words the regulations use, you would look under Section 300.24(a) of the *Code of Federal Regulations* (CFR) for Title 34 (sometimes referred to as 34 CFR). The symbol § stands for "section."

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A variety of assessment tools and strategies must be used to gather relevant functional and developmental information about the child [§300.532(b)]. The evaluation must be sufficiently comprehensive so as to identify all of the child's special education and related services needs, whether or not those needs are commonly linked to the disability category in which he or she has been classified [§300.532(h)].

If the evaluation shows that the child does, indeed, have a disability and that, because of that disability, he or she needs special education and related services, then he or she meets the criteria for special education and related services.

How do people know what related services a child needs?

The evaluation process is intended to provide decision makers with the information they need to determine: (a) if the student has a disability and needs special education and related services, and, if so, (b) an appropriate educational program for the student. It also allows them to identify the related services a student will need.

Following the child's evaluation and the determination that he or she is eligible for special education and related services, a team of individuals called the IEP team—which includes the parents and, where appropriate, the student—sits down and writes an Individualized Education Program (IEP) for the student. The IEP team looks carefully at the evaluation results, which show the child's areas of strength and need. The team decides what measurable annual goals (including benchmarks or short-term objectives), among other things, are appropriate for the child. Part of developing the IEP also includes specifying "the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided" for the child:

- to advance appropriately toward attaining the annual goals,
- to be involved and progress in the general curriculum (that is, the curriculum used by nondisabled students),
- to participate in extracurricular and other nonacademic activities, and
- to be educated and participate with other children with disabilities and nondisabled children.

[§300.347(a)(3)]

Thus, based on the evaluation results, the IEP team discusses, decides upon, and specifies the related services that a child needs in order to benefit from special education. Making decisions about how often a related service will be provided, and where and by whom is also a function of the IEP team. [More information about IEP development is available in NICHCY's publications *Questions Often Asked by Parents About Special Education Services* (LG1); *Questions and Answers about IDEA* (ND21); and *Individualized Education Programs* (LG2).]

It is important to recognize that each child with a disability may not require all of the available types of related services. Moreover, as Attachment 1 accompanying the regulations to IDEA '97 points out, "As under prior law, the list of related services is not exhaustive and may include other developmental, corrective, or supportive services (such as artistic and cultural programs, art, music, and dance therapy) if they are required to assist a child with a disability to benefit from special education in order for the child to receive FAPE" (U.S. Department of Education, 1999, p. 12548). As States respond to the requirements of Federal law, many have legislated their own related service requirements, which may include services beyond those specified in IDEA '97. Further, "if it is determined through the [IDEA's] evaluation and IEP requirements that a child with a disability requires a particular supportive service in order to receive FAPE, regardless of whether that service is included in these [Federal] regulations, that service can be considered a related service...and must be provided at no cost to the parents" (p. 12548).

It is useful to note that IDEA '97 does not expressly require that the IEP team include related services personnel. However, if a particular related service is going to be discussed in an IEP meeting, it would be appropriate for such personnel to be included or otherwise involved in developing the IEP. IDEA '97 final regulations state that, at the discretion of the parent or the public agency, "other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate" may be part of a child's IEP team [§300.344(a)(6)]. Appendix A of the regulations specifically states (at Question 30) that, if a child with a disability has an identified need for related services, the public agency responsible for the child's education should ensure that a

qualified provider of that service either:

- attends the IEP meeting, or
- provides a written recommendation concerning the nature, frequency, and amount of service to be provided to the child. (U.S. Department of Education, 1999, p. 12478)

Once the IEP team has determined which related services are required to assist the student to benefit from his or her special education, these must be listed in the IEP. The IEP also must include a statement of measurable annual goals (including benchmarks or short-term objectives) related to:

- meeting the child's needs that result from his or her disability to enable the child to be involved in and progress in the general curriculum (or for preschool children, as appropriate, to participate in appropriate activities), and
- meeting each of the child's other educational needs that result from the disability. [§300.347(a)(2)]

The IEP is a written commitment for the delivery of services to meet a student's educational needs. A school district must ensure that all of the related services specified in the IEP, including the amount, are provided to a student.

In addition to this key information, the IEP must also specify with respect to each service:

- when the service will begin; and
- the anticipated *frequency* (how often), *location* (where), and *duration* (how long) of the service. [§300.347(a)(6)]

The IEP is a written commitment for the delivery of services to meet a student's educational needs. A school district must ensure that all of the related services specified in the IEP, including the amount, are provided to a student.

Changes in the amount of services listed in the IEP cannot be made without holding another IEP meeting. However, if there is no change in the overall amount of service, some adjustments in the scheduling of services may be possible without the necessity of another IEP meeting.

Do the parents have to pay for the related services the child receives?

No. School districts may not charge parents of eligible students with disabilities for the costs of related services that have been included on the child's IEP. Just as special and regular education must be provided to an eligible student with a disability at no cost to the parent or guardian, so, too, must related services when the IEP team has determined that such services are required in order for the child to receive FAPE and have included them in the student's IEP.

Perhaps the best way to develop an understanding of related services is to look at each in more detail. Because there are quite a few services that can be considered as "related services," the information presented about each of the following related services is intended only as an introduction. It is not the intent of this document, just as it is not the intent of the law, to exhaustively describe each related service. It may be helpful, however, to read further about the services in order to know what related services are most commonly provided to students with disabilities and, in some situations, their families. The related services described below are organized in alphabetical order.

Artistic/Cultural Programs

Artistic/cultural programs are specifically mentioned in Attachment 1 of the Federal regulations for IDEA '97 as "other developmental, corrective, or supportive services (such as artistic and cultural programs, art, music, and dance therapy) if they are required to assist a child with a disability to benefit from special education in order for the child to receive FAPE" (U.S. Department of Education, 1999, p. 12548). Artistic and cultural programs are designed by art therapists, dance therapists, and music therapists to address the individual needs of students with disabilities. These professionals:

- assess the functioning of individual students;
- design programs appropriate to the needs and abilities of students;
- provide services in which music, movement, or art is used in a therapeutic process to further the child's emotional, physical, cognitive, and/or academic development or integration; and
- often act as resource persons for classroom teachers.

Art therapy provides individuals with disabilities with a means of self-expression and opportunities to expand personal creativity and control. By involving students with art and the creative art process, art therapists work to help students address their unique needs, which may include resolving emotional conflicts, developing self-awareness or social skills, managing behavior, solving problems, reducing anxiety, and improving self-esteem (American Art Therapy Association, 2000).

Dance/movement therapy uses movement as a means for promoting personal growth and furthering the emotional, cognitive, and physical integration of an individual (American Dance Therapy Association, 2000). Dance therapy can develop and promote good posture, discipline, concentration, coordination, agility, speed, balance, strength, and endurance.

Music therapy uses music and music-related strategies to assist or motivate a student to reach specific educational goals as well as address his or her physical, psychological, cognitive, behavioral, and social needs (American Music Therapy Association, 2000). Music and music learning are often used to strengthen nonmusical areas such as academic skills, physical coordination, communication, sensory-motor development, expression of emotions, and stress reduction.

Assistive Technology Devices and Services

Assistive technology (AT) refers to various types of devices and services designed to help students with disabilities function within their environments. Many areas are covered under the umbrella of assistive technology, including computers, adaptive toys and games, devices to improve positioning and mobility, devices designed to help individuals with disabilities communicate (called *augmentative communication devices*), and electronic aids to daily living (RESNA Technical Assistance Project, 1992).

An *assistive technology device* means "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability" (§300.5). Assistive technology devices may be used for personal care, sensory processing of information, communication, mobility, or leisure. For young children, assistive technology may involve adaptive toys or simple computer software games to stimulate eye-hand coordination (Derer, Polsgrove, & Rieth, 1996). For other children, it may involve adaptive eating utensils, electronic augmentative communication devices, or a voice-activated word processing software program.

An *assistive technology service* means "...any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device" (§300.6). School districts are responsible for helping individuals with disabilities select and acquire appropriate assistive technology devices and for training them in their use, if doing so is necessary for them to receive FAPE (§300.308). Such services include:

- evaluating a child's needs, including a functional evaluation in the child's customary environment;
- purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- coordinating and using other therapies, interventions, or services with assistive technology devices (such as those associated with existing education and rehabilitation plans and programs);
- training or technical assistance for a child with a disability or, if appropriate, the child's family; and
- training or technical assistance for professionals (including individuals providing education or rehabilitation services); employers; or other individuals who provide services to, employ, or are substantially involved in the major functions of that child. (§300.6)

Rothstein and Everson (1995) suggest several guidelines for decision making regarding assistive technology, including:

- look for simple solutions;
- consider the learning and work style of the student;
- consider the long-range implications of the student's disability and the device;
- look at each device for ease of use and maintenance, timeliness, adaptability, portability, dependability, durability, and technical support needed;
- investigate all options;
- compare similar devices from different manufacturers, and
- purchase devices only after consulting with a professional.

Consideration of a child's need for assistive technology devices and services occurs on a case-by-case basis in connection with the development of a child's IEP.

Consideration of a child's need for assistive technology devices and services occurs on a case-by-case basis in connection with the development of a child's IEP. Thus, when an IEP of a student with a disability is being developed, reviewed, or revised (if appropriate), the IEP team must determine his or her need for an assistive technology device or service, determine those devices that will facilitate the student's education, and list them in the IEP. The public agency must then provide them to the student at no cost to the parents.

May a child use a school-purchased AT device in his or her home or other setting? According to the IDEA '97's final regulations, the answer to this question would be determined on a case-by-case basis. Such use in nonschool settings would be "required if the child's IEP team determines that the child needs access to those devices in order to receive FAPE" [§300.308(b)]—for example, to complete homework. Question 36 of Appendix A of the regulations adds that "the parents cannot be charged for normal use, wear and tear. However, while ownership of the devices in these circumstances would remain with the public agency, State law, rather than Part B [of IDEA], generally would govern whether parents are liable for loss, theft, or damage due to negligence or misuse of publicly owned equipment used at home or in other settings in accordance with a child's IEP" (U.S. Department of Education, 1999, p. 12479).

Audiology

Audiology includes:

- identifying children with hearing loss;
- determining the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;
- providing habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;
- creating and administering programs for prevention of hearing loss;
- counseling and guidance of children, parents, and teachers regarding hearing loss; and
- determining children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification. [§300.24(b)(1)]

Some schools have hearing screening programs and staff trained to conduct audiologic screenings of children. Others may participate in regional cooperatives or other arrangements that provide audiological services. Those school districts that do

not have diagnostic facilities to evaluate students for hearing loss and related communication problems or central auditory processing disorders may refer students to a clinical setting, such as a hospital or audiology clinic, or make other contractual arrangements (American Speech-Language-Hearing Association, personal communication, August 1, 2000).

Counseling Services

Counseling services, according to the American School Counselor Association (1999), focus on the needs, interests, and issues related to various stages of student growth. School counselors may help students with personal and social concerns such as developing self-knowledge, making effective decisions, learning health choices, and improving responsibility. Counselors may also help students with future planning related to setting and reaching academic goals, developing a positive attitude toward learning, and recognizing and utilizing academic strengths. Other counseling services may include parent counseling and training and rehabilitation counseling (that is, counseling specific to career development and employment preparation) (Maag & Katsiyannis, 1996).

Counseling services are services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel [§300.24(b)(2)]. A school counselor is a certified professional who meets the State's certification standards. In some schools, the counselor may also perform some functions similar to those of the school psychologist as described below under *Psychological Services*.

Medical Services

Medical services are considered a related service only under specific conditions. By definition, the term "means services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services" [§300.24(b)(4)]. Thus, medical services are provided (a) by a licensed physician, and (b) for diagnostic or evaluation purposes only.

Occupational Therapy

Occupational therapy (OT) services can enhance a student's ability to function in an educational program. These services are "provided by a qualified occupational therapist" and include:

- "improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;
- improving [a child's] ability to perform tasks for independent functioning if functions are impaired or lost; and
- preventing, through early intervention, initial or further impairment or loss of function" [§300.24(b)(5)].

School counselors may help students with personal and social concerns such as developing self-knowledge, making effective decisions, learning health choices, and improving responsibility.

Occupational therapy services in schools may include such services as:

- self-help skills or adaptive living (e.g., eating, dressing);
- functional mobility (e.g., moving safely through school);
- positioning (e.g., sitting appropriately in class);
- sensory-motor processing (e.g., using the senses and muscles);
- fine motor (e.g., writing, cutting) and gross motor performance (e.g., walking, athletic skills);
- life skills training/vocational skills; and
- psychosocial adaptation.

Orientation and Mobility Services

According to Hill and Snook-Hill (1996), *orientation* involves knowing where you are, where you are going, and how to get to a destination by interpreting information in the environment, while *mobility* involves moving safely through the environment. IDEA '97 added orientation and mobility (O&M) services to the list of related services specified at §300.24.

O&M services are defined as "services provided to blind or visually impaired students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community" [§300.24(b)(6)(i)]. This includes teaching students the following, as appropriate:

- "spatial and environmental concepts and use of information received by the senses (such as sound, temperature, and vibrations) to establish, maintain, or

regain orientation and line of travel (e.g., using sound at a traffic light to cross the street);

- to use the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision;
- to understand and use remaining visual and distance low vision aids; and
- other concepts, techniques, and tools." [§300.24(b)(6)(ii)]

Attachment 1 to the regulations discusses why O&M services are not appropriate for students with disabilities other than visual impairments and draws a distinction between O&M services and what is commonly referred to as travel training.

> [S]ome children with disabilities other than visual impairments need travel training if they are to safely and effectively move within and outside their school environment, but these students (e.g., children with significant cognitive disabilities) do not need orientation and mobility services as that term is defined in these regulations. 'Orientation and mobility services' is a term of art that is expressly related to children with visual impairments, and includes services that must be provided by qualified personnel who are trained to work with those children. (U.S. Department of Education, 1999, p. 12549)

Thus, children with disabilities other than those with visual impairments who need assistance in learning how to safely navigate a variety of settings would generally not receive O&M services but, rather, travel training. *Travel training* is defined in the IDEA '97 final regulations at §300.26(b)(4), as part of the definition of "special education." The term means "providing instruction, as appropriate, to children with significant cognitive disabilities, and any other children with disabilities who require this instruction, to enable them to—

(i) Develop an awareness of the environment in which they live; and

(ii) Learn the skills necessary to move effectively and safely from place to place within that environment (e.g., in school, in the home, at work, and in the community)." [§300.26(b)(4)]

Parent Counseling and Training

Parent counseling and training is an important related service that can help parents enhance the vital role they play in the lives of their children. When necessary to help an eligible student with a disability benefit from the educational program, parent counseling and training can include:

- "Assisting parents in understanding the special needs of their child;
- Providing parents with information about child development; and
- Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP" [Individualized Family Service Plan]. [§300.24(b)(7)]

The last aspect—that of helping parents acquire necessary skills to support the implementation of their child's IEP or IFSP—is new in IDEA '97 and was added to:

> ...recognize the more active role acknowledged for parents...[as] very important participants in the education process for their children. Helping them gain the skills that will enable them to help their children meet the goals and objectives of their IEP or IFSP will be a positive change for parents, will assist in furthering the education of their children, and will aid the schools as it will create opportunities to build reinforcing relationships between each child's educational program and out-of-school learning. (U.S. Department of Education, 1999, p. 12549)

Physical Therapy

Physical therapy means "services provided by a qualified physical therapist" [§300.24(b)(8)]. These services generally address a child's posture, muscle strength, mobility, and organization of movement in educational environments. Physical therapy may be provided to prevent the onset or progression of impairment, functional limitation, disability, or changes in physical function or health resulting from injury, disease, or other causes. Qualified providers of these services may:

- provide treatment to increase joint function, muscle strength, mobility, and endurance;
- address gross motor skills that rely on the large muscles of the body involved in physical movement and range of motion;
- help improve the student's posture, gait, and body awareness; and

- monitor the function, fit, and proper use of mobility aids and devices.

Psychological Services

Psychological services are delivered as a related service when necessary to help eligible students with disabilities benefit from their special education. In some schools, these services are provided by a school psychologist, but some services are also appropriately provided by other trained personnel, including school social workers and counselors. Under IDEA '97 regulations, the term *psychological services* includes:

- "administering psychological and educational tests and other assessment procedures;
- interpreting assessment results;
- obtaining, integrating, and interpreting information about a student's behavior and conditions relating to learning;
- consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations;

- planning and managing a program of psychological services, including psychological counseling for students and parents; and
- assisting in developing positive behavioral intervention strategies." [§300.24(b)(9)]

IDEA '97 requires that, in the case of a child whose behavior impedes his or her learning or that of others, the IEP team consider, if appropriate, strategies (including positive behavioral interventions, strategies, and supports) to address that behavior [§300.346(a)(2)(i)]. These interventions and strategies may focus not only on the result of an absent, inadequate, inconsistent, or negative behavior blocking learning but also on the curricular and instructional issues that may trigger problems (Dwyer, 1997). Positive behavioral interventions and supports involve a comprehensive set of strategies aimed at providing a student with a disability an improved lifestyle that includes reductions in problem behaviors, changes in social relationships, an expansion of prosocial skills, and an increase in school and community inclusion (Fox, Vaughn, Dunlap, & Bucy, 1997).

Psychologists and school social workers may be involved in assisting in developing these positive behavioral intervention strategies. However, as the U.S. Department of Education (1999) notes: "[T]here are many other appropriate professionals in a school district who might also play a role...These examples of personnel who may assist in this activity are not intended to imply either that school psychologists and social workers are automatically qualified to perform these duties or to prohibit other qualified personnel from serving in this role, consistent with State requirements" (p. 12550).

Recreation services generally are intended to help students with disabilities learn how to use their leisure and recreation time constructively.

Recreation

Recreation services generally are intended to help students with disabilities learn how to use their leisure and recreation time constructively. Through these services, students can learn appropriate and functional recreation and leisure skills (Schleien, Green, & Heyne, 1993). According to the IDEA '97 final regulations, recreation as a related service includes:

- assessment of leisure function;
- therapeutic recreation services;
- recreation programs in schools and community agencies; and
- leisure education. [§300.24(b)(10)]

Recreational activities generally may fall into one or more of the following classifications: (1) physical, cultural, or social; (2) indoor or outdoor; (3) spectator or participant; (4) formal or informal; (5) independent, cooperative, or competitive; or (6) sports, games, hobbies, or toy play (Moon & Bunker, 1987). Recreational activities may be provided during the school day or in after-school programs in a school or a community environment. Some school districts have made collaborative arrangements with the local parks and recreation programs or local youth development programs to provide recreational services.

As part of providing this related service, persons qualified to provide recreation carry out activities such as:

- assessing a student's leisure interests and preferences, capacities, functions, skills, and needs;
- providing recreation therapeutic services and activities to develop a student's functional skills;
- providing education in the skills, knowledge, and attitudes related to leisure involvement;
- helping a student participate in recreation with assistance and/or adapted recreation equipment;
- providing training to parents and educators about the role of recreation in enhancing educational outcomes;
- identifying recreation resources and facilities in the community; and
- providing recreation programs in schools and community agencies.

Rehabilitation Counseling Services

Rehabilitation counseling services are "services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community.... The term also includes vocational rehabilitation services provided to a student with disabilities by vocational rehabilitation programs funded under the Rehabilitation Act of 1973, as amended." [§300.24(b)(11)]

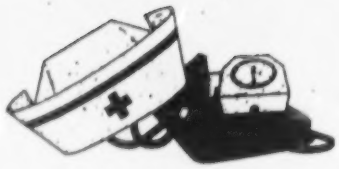
The role of the rehabilitation counselor, according to the Council on Rehabilitation Education (1996), is to provide students with disabilities "assistance to their vocation, social, and personal functioning through the use of professionally recognized interaction skills and other appropriate services" (p. 36). To this end, rehabilitation counseling services generally may include:

- assessment of a student's attitudes, abilities, and needs;
- vocational counseling and guidance;
- vocational training; and
- identifying job placements in individual or group sessions.

School Health Services

School health services under the IDEA '97 final regulations means "services provided by a qualified school nurse or other qualified person" [§300.24(b)(12)]. These services may be necessary because some children and youth with disabilities would otherwise be unable to attend a day of school without supportive health care. School health services may include interpretation, interventions, administration of health procedures, the use of an assistive health device to compensate for the reduction or loss of a body function (Rapport, 1996), and case management.

Typically, school health services are provided by a qualified school nurse or other qualified trained person who is supervised by a qualified nurse. In some instances, if a school nurse is not employed by a school district, health services may be provided and/or coordinated by a public health nurse, a pediatric home care nurse, or a hospital- or community-based pediatric nurse practitioner or specialist. States and local school districts often have guidelines that address school health services. State agency guidelines that address school health services for special health care needs may address staffing requirements, infection control, medication administration, nursing procedures, classroom modifications, transportation, and policies (Porter, Haynie, Bierle, Caldwell, & Palfrey, 1997).



Possible school health services include:

- special feedings;
- clean intermittent catheterization;
- suctioning;
- the management of a tracheostomy;
- administering and/or dispensing medications;
- planning for the safety of a student in school;
- ensuring that care is given while at school and at school functions to prevent injury (e.g., changing a student's position frequently to prevent pressure sores);
- chronic disease management; and
- conducting and/or promoting education and skills training for all (including the student) who serve as caregivers in the school setting.

Social Work Services in Schools

Issues or problems at home or in the community can adversely affect a student's performance at school, as can a student's attitudes or behaviors in school. *Social work services in schools* may become necessary in order to help a student benefit from his or her educational program. Social work services in schools includes:

- "preparing a social or developmental history on a child with a disability;
- group and individual counseling with the child and family;

- working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;
- mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- assisting in developing positive behavioral intervention strategies." [§300.24(b)(13)]

Speech-Language Pathology Services

Speech-language pathology services are provided by speech-language professionals and speech-language assistants in accordance with State regulations, to address the needs of children and youth with communication disabilities. Under the IDEA '97 final regulations, these services include:

- "identification of children with speech or language impairments;
- diagnosis and appraisal of specific speech or language impairments;
- referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
- provision of speech and language services for the habilitation or prevention of communicative impairments; and
- counseling and guidance of parents, children, and teachers regarding speech and language impairments." [§300.24(b)(14)]

Transportation

Transportation as a related service is included in an eligible student's IEP if the IEP team determines that such a service is needed. Transportation includes:

If the IEP team determines that a student with a disability needs transportation to benefit from special education, it must be included in the student's IEP and provided as a related service at no cost to the student and his or her parents.

- travel to and from school and between schools;
- travel in and around school buildings; and
- specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability [§300.24(b)(15)].

Public school districts must provide transportation to students with disabilities in two situations. These are:

- if a district provides transportation to and from school for the general student population, then it must provide transportation for a student with a disability; and
- if a school district does not provide transportation for the general student population, then the issue of transportation for students with disabilities must be decided on a case-by-case basis if the IEP team has determined that transportation is needed by the child and has included it on his or her IEP (Office of Special Education Programs, 1995).

If the IEP team determines that a student with a disability needs transportation to benefit from special education, it must be included in the student's IEP and provided as a related service at no cost to the student and his or her parents (Office of Special Education Programs, 1995).

Not all students with disabilities are eligible to receive transportation as a related service. As Attachment 1 of the Federal regulations for IDEA '97 points out:

> It is assumed that most children with disabilities will receive the same transportation provided to nondisabled children, unless the IEP team determines otherwise. However, for some children with disabilities, integrated transportation may not be achieved unless needed accommodations are provided to address each child's unique needs. If the IEP team determines that a disabled child requires transportation as a related service in order to receive FAPE, or requires accommodations or modifications to participate in integrated transportation with nondisabled children, the child must receive the necessary transportation or accommodations at no cost to the parents. This is so, even if no transportation is provided to nondisabled children. (U.S. Department of Education, 1999, p. 12551)

A student's need for transportation as a related service and the type of transportation to be provided must be discussed and decided by the IEP team. Whether transportation goals and objectives are required in the IEP depends on the purpose of the transportation. If transportation is being provided solely to and from school, in and around school, and between schools, no goals or objectives are needed. If instruction is provided to a student to increase his or her independence or improve his or her behavior during transportation, then goals and objectives must be included in the student's IEP (Office of Special Education Programs, 1995).

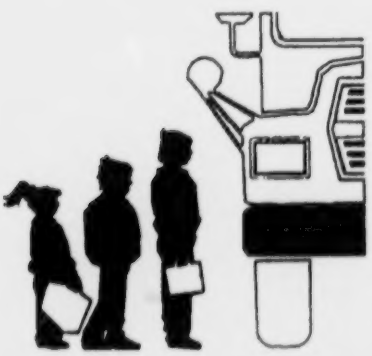
Part III. Delivering Related Services

As was described in Part I, once a child has been evaluated and found eligible for special education and related services, the IEP team develops an individualized education program (IEP) for the child. This will include specifying the special education and related services that the child will receive as part of his or her free appropriate public education (FAPE). Beyond specifying the related services, however, is the *delivery* of the services. This section looks briefly at how school districts typically provide children with disabilities with related services.

Who provides related services?

Providers of related services in the schools typically include (but are not limited to) professionals such as: school counselors, school psychologists, school social workers, school health professionals, speech-language pathologists, and occupational and physical therapists. The training and credentialling of these professionals will vary from State to State.

IDEA requires that related services are provided by qualified personnel. However, neither the law nor the regulations specify the levels of training that an individual needs in order to be considered "qualified." It is the *State* that establishes what constitutes "suitable qualifications for personnel providing special education and related services" [§300.136(a)(1)(ii)]. This includes establishing the "highest entry-level academic degree needed for any State-approved or -recognized certification, licensing, registration, or other comparable requirements that apply to a profession or discipline" in which a person is providing special education and related services [§300.136(a)(2)].



The IDEA also permits, but does not require, the use of paraprofessionals and assistants who are appropriately trained and supervised to assist in the provision of special education and related services. The use of paraprofessionals and assistants is contingent upon State law, regulations, or written policy giving States the option of determining whether paraprofessionals and assistants can be used to assist in the provision of special education and related services, and, if so, to what extent their use would be permissible (U.S. Department of Education, 1999, pp. 12561-12562).

Apart from the requirements of the IDEA '97 and standards of training that individual States establish as "suitable qualifications" for their various related services providers, a number of professional organizations exist and publish standards as well. These groups can be a valuable source of information to parents and professionals alike. We have provided the contact information, including Web sites, for many of these professional associations at the end of this *News Digest*.

While States may consider the recognized standards of professional organizations in deciding what are "appropriate professional requirements in the State," there is nothing in the statute or the regulations that requires States to do so (U.S. Department of Education, 1999, p. 12560; see also §300.136(b)(3)].

How are related services generally delivered?

A school district must ensure that all of the related services specified in the student's IEP are provided, including the amount specified. The district usually decides how the services listed in the IEP will be delivered to the student. For example, the district may provide the services through its own personnel resources, or it may contract with another public or private agency, which then provides the services. Contracted service providers must meet the same standards for credentialling and training as public agency service providers do.

Generally, there are two basic kinds of related services interventions offered by schools to meet the range of student needs. These are:

1. **Direct Services.** *Direct services* usually refers to hands-on, face-to-face interactions between the related services professional and the student. These interactions can take place in a variety of settings, such as the classroom, gym, health office, resource room, counseling office, or playground. Typically, the related service professional analyzes student responses and uses specific techniques to develop or improve particular skills. The professional should also:

- monitor the student's performance within the educational setting so that adjustments can be made to improve student performance, as needed, and
- consult with teachers and parents on an ongoing basis, so that relevant strategies can be carried out through indirect means (see below) at other times.

2. **Indirect Services.** *Indirect services* may involve teaching, consulting with, and/or directly supervising other personnel (including paraprofessionals and parents) so that they can carry out therapeutically- appropriate activities. For example, a school psychologist might train teachers and other educators how to implement a program included in a student's IEP to decrease the child's problem behaviors. Similarly, a physical therapist may serve as a consultant to a teacher and provide expertise to solve problems regarding a student's mobility through school (Dunn, 1991). Good practice is generally thought to include the following aspects:

- The intervention procedure is designed by the related service professional (with IEP team input) for an individual student.
- The related service professional has regular opportunities to interact with the student.
- The related service professional provides ongoing training, monitoring, supervision, procedural evaluation, and support to staff members and parents.

One type of service intervention is not necessarily better than the other (American Occupational Therapy Association, 1999) as long as the safety of the student is not compromised. In most school systems student needs are addressed through a combination of direct and indirect services (Smith, 1990). The type of service provided depends upon the individual needs of the student and his or her educational goals. Decisions about direct or indirect service delivery, therefore, are made on an individual, case-by-case basis.

It is not uncommon for districts to employ certified or trained assistants—such as a Physical Therapy Assistant, a Certified Occupational Therapy Assistant, or a Speech-Language Pathology Assistant—to assist in the delivery of related services. In fact, in recent years there has been an increased emphasis on team members (e.g., teacher, therapist, and family member) delivering services under the supervision of an expert rather than only having an expert deliver direct services to a child (American Occupational Therapy Association, 1999). As stated previously, the final regulations for IDEA '97 make clear that nothing in the statute or regulations prohibits the use of paraprofessionals and assistants who are appropriately trained and supervised to assist in the provision of special education and related services, in accordance with State law, regulations, or written policy [§300.136(f)].

Today it is not unusual to find speech-language services integrated into instructional activities in the regular education classroom, or occupational or physical therapy provided during physical education classes in gyms.

Where are related services provided?

In recent years, there has been a significant shift in *where* related services are provided. Rather than providing services in a separate room, as was the more common practice in years past, schools are emphasizing **providing some services to students in natural activities and environments.** Today it is not unusual to find speech-language services integrated into instructional activities in the regular education classroom, or occupational or physical therapy provided during physical education classes in gyms. As an example, asthma medication or glucose monitoring (as a school health service) may be done in the classroom or wherever the student with a disability happens to be. Thus, services may be delivered in a regular education class, a special education class, a gym, a therapy room, or in other locations in the school, home, or community.

Of course, there may be some services that need to be delivered in a separate setting such as a counseling room or office in order to assure confidentiality for the student and family. Such services may include individual and group counseling, parent counseling, and, frequently, consultation with staff and parents about individual students.

It is interesting to note that this shift in *location* accompanies a lesser focus on the traditional medical model of related services and greater attention given to an educational-results model. The medical model, typically found within a hospital or clinical setting, focuses on identifying and treating the particular illness, trauma, or deficit in a clinical setting. The educational model stresses the importance of the student's attaining IEP goals and objectives as well as addressing the capabilities and challenges presented by the particular disability (Hanft & Striffler, 1995).

How are related services coordinated?

Depending on the nature and type of related services to be provided, many professionals may be involved with, or on behalf of, the student with a disability. This may include one or more therapists, a special educator, a regular educator, counselor, a school psychologist, social workers, the school nurse or other health services staff, paraprofessionals, or the school principal. Clearly, there must be communication between the IEP team and the related service provider(s) to ensure that services are being delivered as specified in the IEP and that the student is making progress. If the student is not progressing as expected, adjustments in his or her program may be needed. The IEP team would need to make any such decisions. When a student's IEP includes related services, it may be appropriate for related services professionals to be involved in the review of student progress and any decision to modify instruction or reevaluate the student's needs. Furthermore, if adjustments are made in the IEP, each teacher, related service provider, and other service provider who is responsible for implementing the revised IEP must be informed of:

- his or her specific responsibilities related to implementing the child's IEP; and
- the specific accommodations, modifications, and supports that must be provided to the child in accordance with the IEP. [§300.342(b)(3)]

The IEP team may determine that it is highly desirable that related services be delivered in educational settings through a team approach. As mentioned above, related services are not isolated from the educational program. Rather, they are *related* to the educational needs of students and are intended to assist the child in benefitting from the educational program. In order to ensure the integrated delivery of services, some school systems use a case management approach in which a team leader coordinates and oversees services on behalf of the student. In some schools, this person might be the child's special education teacher. In other schools, supervisory school district personnel may assume this responsibility.

State and local educational agencies are responsible for assuming the costs of public education, including the cost of special education and related services.

How are related services funded?

State and local educational agencies are responsible for assuming the costs of public education, including the cost of special education and related services. Under IDEA '97, students with disabilities are entitled to a free appropriate public education (FAPE) and are entitled to receive these services at no cost to themselves or their families.

Part of the monies to finance special education and related services comes to States and local educational agencies (LEAs) through Federal funding of IDEA. What other funding sources are available to States and LEAs, besides the IDEA, to help cover the costs of special education and related services?

Interagency agreements or other arrangements. One of the primary methods for ensuring services, strengthened through IDEA '97, is the establishment and use of interagency agreements between the public agency responsible for the child's education and other non-educational public agencies in the State or locale. States may engage in other mechanisms that result in interagency coordination and timely and appropriate delivery of services [§300.142(a)(4)]. Pertinent noneducational public agencies, according to IDEA '97, are those:

> ...otherwise obligated under Federal or State law, or assigned responsibility under State policy...to provide or pay for any services that are also considered special education or related services...that are necessary for ensuring FAPE to children with disabilities within the State... [§300.142(b)(1)]

This includes the State Medicaid agency and other public insurers of children with disabilities. A noneducational public agency, as described above, may not disqualify an eligible service for Medicaid reimbursement because that service is provided in a school context [§300.142(b)(1)(ii)].

In order to receive funds under IDEA '97, the State Education Agency must have in effect agreements or other mechanisms with such agencies in order to define the financial responsibility that each agency has for providing services to ensure FAPE to children with disabilities [§300.142 (a)(1)]. Moreover, the financial responsibility of each noneducational public agency comes before the financial responsibility of the local educational agency (or the State agency responsible for developing the child's IEP) [§300.142(a)(1)].

Public insurance. Insurance is another potential source of funding for related services. With certain limitations, "the public agency may use the Medicaid or other public insurance benefits programs in which a child with disabilities participates to provide or pay for services," as permitted by the public insurance program. Limitations include:

- The public agency may not require parents to sign up or enroll in public insurance programs in order for their child to receive FAPE under Part B of IDEA.
- The public agency may not require parents to incur an out-of-pocket expense, such as the payment of a deductible or co-pay amount incurred in filing a claim for services. The public agency, however, may pay the cost that the parent would otherwise be required to pay.
- The public agency may not use a child's benefits under a public insurance program if that use would (a) decrease available lifetime coverage or any other insured benefit; (b) result in the family paying for services that would otherwise be covered by the public insurance program and that are required for the child outside of the time the child is in school; (c) increase premiums or lead to the discontinuation of insurance; or (d) risk loss of eligibility for home and community-based waivers, based on the sum total of health-related expenditures. [§300.142(e)]

Insurance is another potential source of funding for related services... IDEA '97 final regulations state that a public agency may access a parent's private insurance proceeds only if the parent provides informed consent.

Private insurance. The IDEA '97 final regulations state that a public agency may access a parent's private insurance proceeds *only* if the parent provides informed consent [§300.142(f)(1)]. Each time the public agency proposes to access the parent's private insurance proceeds, it must obtain the parent's informed consent and inform the parent that his or her refusal to permit such access to private insurance does not relieve the public agency of its responsibility to ensure that all required services are provided at no cost to the parents [§300.142(f)(2)].

However, IDEA '97 states that "nothing in this part relieves an insurer or similar third party from an otherwise valid obligation to provide or to pay for services provided to a child with a disability" [§300.301(b)]. When parents voluntarily access private insurance to pay for related services, an insurance company cannot refuse payment by claiming that the school district is required under IDEA '97 to provide the services. Moreover, there can be no delay in implementing a child's IEP, because the payment source for providing or paying for special education and related services to the child is being determined [§300.301(c)].

Part IV. Section 504 of the Rehabilitation Act

Under IDEA, a public school student must be receiving special education in order to receive related services. The only exception to this is if the related service needed by the child is considered special education rather than a related service under State standards [§300.7(a)(2)(ii)]. However, as mentioned in Part I of this News Digest, there is another Federal law, Section 504 of the Rehabilitation Act of 1973, as amended, that applies to IDEA-eligible students and in some cases may provide protections for a student who is ineligible for services under IDEA. A student with a disability who does not need special education but who needs a related services may be eligible for that services under Section 504.

Section 504 of the Rehabilitation Act of 1973, as amended, is a civil rights law that prohibits recipients of Federal funds from discriminating on the basis of disability. This law applies to, among other entities, public elementary and secondary school districts. Under Section 504 regulations, a person with a "disability" (referred to in the regulation as "handicapped person") is a person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment [34 CFR §104.3(j)(1)].

To ascertain whether a student is protected by Section 504, an evaluation would need to be conducted to determine whether he or she is a "handicapped person" within the meaning of Section 504. Public elementary and secondary school districts receiving Federal financial assistance are required by Section 504 regulations to provide a free appropriate public education to students with disabilities in their jurisdiction [34 CFR §104.33(a)]. A free appropriate public education under Section 504 consists of "regular or special education and related aids and services that...are designed to meet individual educational needs of handicapped persons as adequately as the needs of nonhandicapped persons are met" and are provided in accordance with Section 504 requirements relevant to educational setting, evaluation and placement, and procedural safeguards [34 CFR §104.33(b)].

Section 504 of the Rehabilitation Act of 1973, as amended, is a civil rights law that prohibits recipients of Federal funds from discriminating on the basis of disability.

Decisions about what educational and related services are appropriate for a child under Section 504 must be made by a placement group including persons knowledgeable about the child, the meaning of evaluation data, and placement options [34 CFR §104.35(c)]. The placement group decides whether the child needs regular or special education and related aids and services (34 CFR §104.35). Section 504 also applies to recipients of Federal financial assistance that operate private elementary and secondary education programs. These recipients may not, on the basis of handicap, exclude a qualified handicapped person from such programs, if the person can, with minor adjustments, be provided an appropriate education within the recipient's program [34 CFR §104.39(a)].

Section 504 is enforced by the Department of Education's Office for Civil Rights (OCR). Parents and professionals interested in more information about how Section 504 affects the provision of educational and related services to qualified persons with disabilities should contact the OCR enforcement office that serves their state. If you need assistance identifying the regional office nearest you, or would like more information about Section 504 in general, please contact NICHCY.

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Organizations

Alliance for Technology Access, 2175 East Francisco Boulevard, Suite L, San Rafael, CA 94901. Telephone: (800) 455-7970; (415) 455-4575; (415) 455-0491 (TTY). E-mail: atainfo@ataccess.org Web: www.ataccess.org

American Academy of Audiology, 8300 Greensboro Drive, Suite 750, McLean, VA 22102. Telephone: (800) 222-2336; (703) 790-8466. Web: www.audiology.org/

American Alliance for Health, Physical Education, Recreation and Dance, 1900 Association Drive, Reston, VA 20191. Telephone: (800) 213-7193. E-mail: aahperd@aahperd.org Web: www.aahperd.org/

American Art Therapy Association, Inc., 1202 Allanson Road, Mundelein, IL 60060. Telephone: (888) 290-0878; (847) 949-6064. E-mail: arttherapy@ntr.net. Web: www.arttherapy.org/

American Counseling Association, 5999 Stevenson Avenue, Alexandria, VA 22304. Telephone: 1-800-347-6647; (703) 823-9800. Web: www.counseling.org/

American Dance Therapy Association, 2000 Century Plaza, Suite 108, 100632 Little Patuxent Parkway, Columbia, MD 21044. Telephone: (410) 997-4040. E-mail: info@adta.org Web: www.adta.org

American Foundation for the Blind, 11 Penn Plaza, Suite 300, New York, NY 10001. Telephone: (800) 232-5463; (212) 502-7600. E-mail: afbinfo@afb.org Web: www.afb.org

American Music Therapy Association, 8455 Colesville Road, Suite 1000, Silver Spring, MD 20910. Telephone: (301) 589-3300. E-mail: info@musictherapy.org Web: www.musictherapy.org/

American Occupational Therapy Association, 4720 Montgomery Lane, Bethesda, MD 20824-1220. Telephone: (301) 652-2682; (800) 377-8555 (TTY). Web: www.aota.org

American Physical Therapy Association, 1111 N. Fairfax St., Alexandria, VA 22314. Telephone: 1-800-999-2782; (703) 683-6748 (TTY). E-mail: practice@apta.org Web: www.apta.org

American Psychological Association, 750 First Street NE, Washington, DC 20002. Telephone: 1-800-374-2721; (202) 336-5500; (202) 336-5662 (TTY). Web: www.apa.org

American Rehabilitation Counseling Association, 5999 Stevenson Avenue, Alexandria, VA 22304. Telephone: 1-800-545-2223. Web: www.nchrtm.okstate.edu/arca/

American School Counselor Association, 801 N. Fairfax St., Suite 310, Alexandria, VA 22314. Telephone: 1-800-306-4722; (703) 683-2722. Web: www.schoolcounselor.org/

American School Health Association, P.O. Box 708, Kent, OH 44240. Telephone: (330) 678-1601. E-mail: asha@ashaweb.org Web: www.ashaweb.org/

American Speech-Language-Hearing Association, 10801 Rockville Pike, Rockville, MD 20852. Telephone: (800) 498-2071; (301) 571-0457 (TTY). E-mail: actioncenter@asha.org Web: www.asha.org

American Therapeutic Recreation Association, 1414 Prince Street, Suite 204, Alexandria, Virginia 22314. Telephone: (703) 683-9420. E-mail: atra@atra-tr.org Web: www.atra-tr.org/atra.htm

Association for Education and Rehabilitation of the Blind and Visually Impaired, 4600 Duke Street, #430, P.O. Box 22397, Alexandria, VA 22304. Telephone: (703) 823-9690. Web: www.aerbvi.org/welcome.htm

Certification Board for Music Therapists, 506 E. Lancaster Avenue, Suite 102, Downingtown, PA 19335. Telephone: 1-800-765-2268. E-mail: info@cbmt.com Web: www.cbmt.com/

Child Nutrition Division, Food and Nutrition Service, U.S. Department of Agriculture, 3101 Park Center Drive, Alexandria, VA 22302. Telephone: (703) 305-2620. E-mail: webmaster@fns.usda.gov Web: www.fns.usda.gov/fns/

National Arts and Disability Center, Tarjan Center for Developmental Disabilities, 300 UCLA Medical Plaza, #3310, Los Angeles, CA 90095-6967. Telephone: (310) 794-1141. Web: nadc.ucla.edu/

National Association of School Nurses, P.O. Box 1300, Scarborough, ME 04070-1300. Telephone: 1-877-627-6476; (207) 883-2117. E-mail: nasn@nasn.org Web: www.nasn.org

National Association for School Psychologists, 4340 East West Highway, #402, Bethesda, MD 20814. Telephone: (301) 657-0270; (301) 657-4155 (TTY). Web: www.nasponline.org/index2.html

National Association of Social Workers, 750 First Street NE, Suite 700, Washington, DC 20002. Telephone: 1-800-638-8799; (202) 408-8600. Web: www.naswdc.org/Default.htm

National Clearinghouse for Professions in Special Education, The Council for Exceptional Children, 1110 N. Glebe Road, Suite 300, Arlington, VA 22201-5704. Telephone: 1-800-641-7824 (Toll Free); 866-915-5000 (Toll-free TTY). E-mail: ncpse@cec.sped.org Web: www.special-ed-careers.org

National Coalition of Arts Therapies, c/o ADTA, 8455 Colesville Rd., Suite 1000, Silver Spring MD 20910. Telephone: (714) 751-0103. Web: www.ncata.com/

National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID). Web: ncperid.usf.edu/

National Federation of the Blind, 1800 Johnson Street, Baltimore, MD 21230. Telephone: (410) 659-9314. E-mail: nfb@nfb.org Web: www.nfb.org

National Institute of Art and Disabilities (NIAD), 551 23rd Street, Richmond, CA 94804. Telephone: (510) 620-0290. E-mail: admin@niadart.org Web: www.niadart.org

National Rehabilitation Information Center (NARIC), 1010 Wayne Avenue, Suite 800, Silver Spring, MD 20910-3319. Telephone: (800) 346-2742; (301) 562-2400; (301) 495-5626 (TTY). Web: www.naric.com

National Resource Center for Paraprofessionals in Education and Related Services, 6526 Old Main Hill, Utah State University, Logan, UT 84322. Telephone: (435) 797-7272. E-mail: info@nrcpara.org Web: www.nrcpara.org

National Therapeutic Recreation Society (branch of National Recreation and Park Association), 22377 Belmont Ridge Road, Ashburn, VA 20148-4501. Telephone: (703) 858-0784. E-mail: ntrsnrpa@aol.com. Web: www.nrpa.org/

RESNA, 1700 N. Moore Street, Suite 1540, Arlington, VA 22209. Telephone: (703) 542-6686; (703) 524-6639 (TTY). E-mail: info@resna.org Web: www.resna.org

TR (Therapeutic Recreation) Directory. Web: www.recreationtherapy.com/rt.htm

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